

STATE OF MISSISSIPPI

COUNTY OF HARRISON

**AFFIDAVIT OF GARY T. HARGROVE, HARRISON COUNTY CORONER**

Personally came and appeared before me, the undersigned authority in and for the county and state the within named GARY T. HARGROVE, who after being first duly sworn by me on oath, did depose and state the following:

I.

My name is Gary T. Hargrove and I am over the age of 21 years and am not the convict of a felony. I am the Harrison County Coroner, an elected public official for Harrison County, Mississippi.

II.

I am not an employee of Harrison County.

III.

I have personal knowledge of the matters and facts contained in this Affidavit and am competent to testify to the matters herein.

IV.

I am not an official policymaker for the Harrison County Sheriff's Office or Harrison County, Mississippi.

V.

On December 7, 2006, in my official capacity as Coroner, I was called upon to investigate the death of Lee Demond Smith which occurred at the Garden Park Medical Center in Gulfport, Mississippi. I investigated the death and having reviewed the official autopsy report from Dr. Paul Anthony McGarry, M.D., confirmed the primary cause of death was myocardial



hypoxia due to pulmonary atelectasis due to a convulsive seizure from a pulmonary embolus of the deep leg veins and pelvic thrombi. The investigation showed there were no injuries in the deceased's chest, neck, abdomen, pelvis, extremities or anywhere on the deceased's body.

The deceased, Lee Demond Smith, died from natural causes.

VI.

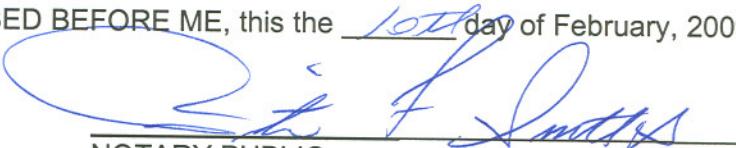
I nor Dr. McGarry with anyone else conspired to or misrepresented any facts or reports. A copy of my official report, which was confirmed by the Department of Justice and Department of Defense, is attached hereto.

Further Affiant saith not.



GARY T. HARGROVE

SWORN TO AND SUBSCRIBED BEFORE ME, this the 10th day of February, 2009.



Lee F. Smith

NOTARY PUBLIC

My Commission Expires:



MSME STATE MEDICAL EXAMINER

## REPORT OF DEATH INVESTIGATION (HARRISON COUNTY)

Case Number 06-924-N

DECEDENT:	LEE	DEMOND	SMITH	
	First Name	Middle Name	Last Name	Jr., Sr., III, etc.
ADDRESS:	517 ESTERS BLVD (Number and Street or Route, Box No.)	BILOXI	MS	HARRISON
		City	State	Zip Code
				County

## INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

SSN: 587-51-6656	Date of Birth: 04/29/1985	Age: 21	Marital Status: Never Married
Race: Afro-American	Sex: Male	Head-Hair: Black	Other Hair: GOATEE
Clothing: Clothed	Eye Color: BROWN	Eyes: R	L Weight: appr. 200
Length: 5'10"	Miscellaneous		Body Temperature: Warm
Rigor: Neck <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Arms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+	Legs <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+		
Livor Color: PURPLE	Livor Fixed: No		Anterior <input checked="" type="checkbox"/> Posterior <input type="checkbox"/> Lateral
Blood: <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None	Froth: <input type="checkbox"/> Absent		
Other (Dirt, Water, etc): <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None	Decomposition: <input type="checkbox"/> None		
OCCUPATION: Type of Work: <input type="checkbox"/> Industry: <input type="checkbox"/> No Occupational Information			

## INFORMATION ABOUT OCCURRENCE

On The Job Injury or Onset of Illness:	No	Date	Time	Location	County	Type of Premises
	Actual	12/17/2006	Actual	1309 10451 LARKIN SMITH DRIVE GPT, MS	HARRISON	JAIL
Last Seen Alive	By Whom? Name/Address					
	Actual	12/17/2006	Actual	1309 GAY HARTLEY	HARRISON	JAIL
Death:	By Whom? Name/Address					
	Actual	12/17/2006	Actual	1401 GPH ER - DR PEDUCCIA	HARRISON	Hospital
Found Dead By:						
	Date	Time	Officer:	INV SHELBY		
Police Notified:	12/17/2006	1401	Police Agency	MISSISSIPPI BUREAU OF INVESTIGATION		
Coroner/ME/Notified:	12/17/2006	1401	By Whom Name/Address:	GPH ER		
View of Body:	12/17/2006	1410	ATER	<input type="checkbox"/> Not Viewed		
Witness To Injury or Illness and Death: Name/Address						

## REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

 Sudden/UnexpectedBlood Sample Drawn  Yes  No

## MANNER OF DEATH

Medico-Legal Autopsy Authorized  Yes  No Pathologist: DR PAUL McGARRY

Probable Cause of Death: MYOCARDIAL HYPOXIA DUE TO PULMONARY ATELECTASIS

Due To: 2) CONVULSIVE SEIZURE ACTIVITY, 3) PULMONARY EMBOLUS OF THE DEEP LEG VEINS AND PELVIC VEIN THROMBI

Contributing Factor:

Other Autopsy Done	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	IS DECEDENT AN ORGAN DONOR?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(Please ask family, when all possible)
<input type="checkbox"/> Kidney	<input type="checkbox"/> Eye	<input type="checkbox"/> Any Needed Organs				

hereby certify that after receiving notice of death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.



HARRISON
County

Tuesday, January 09, 2007 14:46 Printed Date

Report Prepared By: GARY T HARGROVE

NO. 2401

Case Number: 06-924-N SSN: 587-51-6656 Deceased: LEE DEMOND SMITH

## MEANS OF DEATH (Agency or Object)-IF DEATH OTHER THAN NATURAL

If Motor Vehicle Involved:	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other			
<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Crash Helmet Worn	<input type="checkbox"/> None				
<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Non-Highway						
Type of Vehicle	Description:						
If Gun:	<input type="checkbox"/> Rifle-Cal.	<input type="checkbox"/> Handgun-Cal.	<input type="checkbox"/> Shotgun-Gau.	<input type="checkbox"/> Unknown Type			
Description:							
<input type="checkbox"/> Stippling	<input type="checkbox"/> Smudging	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Round	<input type="checkbox"/> Oblong	<input type="checkbox"/> Stellate	<input type="checkbox"/> Surg. Treated	<input type="checkbox"/> Other
Location of Wounds (If no autopsy):	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Thighs	
	<input type="checkbox"/> Lower Legs	<input type="checkbox"/> Feet	<input type="checkbox"/> Upper Arms	<input type="checkbox"/> Lower Arms	<input type="checkbox"/> Hands	<input type="checkbox"/> Other	

If Instrument:	What Kind:	<input type="checkbox"/> Unknown Kind
Type and Location of Injuries:		

If Drug, Poison, Chemical (suspected):	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify By Name)				
<input type="checkbox"/> Unknown	Remarks/Symptoms:					
<input type="checkbox"/> Ingested	<input type="checkbox"/> Injected	<input type="checkbox"/> Inhaled	<input type="checkbox"/> Topical	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	

## MEDICAL HISTORY

CONDITION:	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Fractures
	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Seizure (Specify)	<input type="checkbox"/> Other(Specify)			
Doctor:	Where Treated:					
Past Operative Procedures:						

## MEDICATIONS

MOTRIN
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Next of Kin: LILLION SMITH - 374-1177  
 Body Conveyed By: RIEMANN'S/A & A MEMORIAL CHAPEL

The following forms are being submitted:

<input type="checkbox"/> Body Charts	<input checked="" type="checkbox"/> Toxicology Report	<input type="checkbox"/> Evidence Submission Form
<input type="checkbox"/> Organ Donation Form	<input checked="" type="checkbox"/> Permit for Autopsy	<input type="checkbox"/> Permit for Cremation

Case Number:

06-924-N

SSN:

587-51-6656

Decedent:

LEE DEMOND SMITH

## NARRATIVE SUMMARY

ON 12-17-06 AT APPROXIMATELY 1309 HOURS, EMS WAS SUMMONED TO THE HARRISON COUNTY JAIL FOR A MEDICAL EMERGENCY. UPON THEIR ARRIVAL, THE DECEASED WAS IN CARDIAC ARREST. RESUSCITATIVE MEASURES WERE CONTINUED AND HE WAS TRANSPORTED TO THE EMERGENCY ROOM WHERE HE WAS PRONOUNCED WHEN HE DID NOT RESPOND TO THE TREATMENT. ON VIEW, THE DECEASED WAS DRESSED IN INMATE CLOTHING, WHICH CONSISTED OF A T-SHIRT, PANTS, UNDERWEAR, AND SOCKS. THE SOCKS WERE LYING AT THE FOOT OF THE DECEASED. THE DECEASED WAS INCONTINENT. NO SIGNS OF INJURY COULD BE SEEN. THE DECEASED WAS THEN PHOTOGRAPHED AND REMOVED TO THE FUNERAL HOME FOR AN AUTOPSY.

INVESTIGATOR TRACY - HCSD

INVESTIGATOR TRACY ARRIVED AT THE EMERGENCY ROOM AND ADVISED THAT HE HAD BEEN TOLD THAT THE DECEASED WAS BY THE TELEVISION AT A TABLE WHEN HE COLLAPSED TO THE FLOOR. THE MEDICAL STAFF ARRIVED AS HE WAS COMING AROUND. INVESTIGATOR TRACY STATED THAT THEY TOLD HIM THAT THE DECEASED WANTED TO STAND UP AND WHEN HE DID, HE COLLAPSED AGAIN. HE STATED THAT THE DECEASED WAS THEN PUT IN HIS BOAT. INVESTIGATOR TRACY STATED THAT THEY SAID THAT THE DECEASED BEGAN TO VOMIT AND WAS TURNED OVER ONTO HIS SIDE. THE DECEASED QUIT BREATHING SHORTLY AFTER THAT.

ON 12-18-06, AN AUTOPSY WAS PERFORMED BY DR PAUL McGARRY AT RIEMANN FUNERAL HOME. THE AUTOPSY SHOWED NO SIGNS OF TRAUMA. IT SHOWED THAT THE DECEASED HAD AN OLD SCAR AT THE LEFT ELBOW AND RIGHT FOREARM. IT SHOWED THAT HE HAD A PLANTAR WART ON THE SOLE OF EACH FOOT. IT SHOWED THAT THE HEART WAS HYPOXIC AND DILATED AND THAT HE HAD BLOODY FLUID IN HIS STOMACH. IT SHOWED THAT THE LUNGS WERE ATELECTATIC AND THAT HE HAD A BITTEN TONGUE. IT SHOWED BILATERAL PULMONARY EMBOLI AND THERE WAS SMALL RESIDUAL EMBOLI IN THE DEEP LEG VEINS AND EMBOLI IN THE PELVIC VEINS. FLUIDS AND PHOTOGRAPHS TAKEN. TOXICOLOGY SHOWED THE DECEASED WAS NEGATIVE FOR DRUGS AND ALCOHOL.

MBI INVESTIGATION

INVESTIGATOR SHELBY STATED THAT THE WITNESSES STATED THAT THE DECEASED WALKED OVER TO A TABLE AND BENT OVER TO LEAN ON IT WHEN HE COLLAPSED TO THE FLOOR AND HAD SEIZURE ACTIVITY. THE STATEMENTS SHOWED THAT THE DECEASED THEN CAME TO AND STATED THAT HE HAD NOT TAKEN ANY DRUGS AND WANTED TO STAND UP. THE STATEMENTS INDICATED THAT THE DECEASED WAS INCONTINENT AT THAT TIME. THE STATEMENTS INDICATED THAT THE DECEASED STOOD UP AND COLLAPSED AGAIN TO THE FLOOR AND BEGAN TO HAVE SEIZURE ACTIVITY AGAIN. THE STATEMENTS INDICATED THAT THE DECEASED THEN BECAME UNRESPONSIVE AND CPR WAS BEGUN. THEY INDICATED THAT EMS ARRIVED AND ADVANCED LIFE SUPPORT MEASURES WERE BEGUN AND THE DECEASED WAS THEN TRANSPORTED TO THE EMERGENCY ROOM.

THE DECEASED'S DEATH IS RULED NATURAL. THE CAUSE OF DEATH IS DUE TO MYOCARDIAL HYPOXIA DUE TO PULMONARY ATELECTASIS DUE TO CONVULSIVE SEIZURE ACTIVITY DUE TO PULMONARY EMBOLUS OF THE DEEP LEG VEINS AND PELVIC VEIN THROMBI.